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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/696,282
		Filing Date	October 29, 2003
		First Named Inventor	James M. Wilson et al
		Group Art Unit	1635
		Examiner Name	Brian A. Whiteman
Total Number of Pages in this Submission	4	Attorney Docket Number	GNV31BUSA/UPN-K1774DIV1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> (Supplemental) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1-Reference
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Howson and Howson Cathy A. Kodroff
Signature	<i>Cathy A. Kodroff</i>
Date	April 27, 2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date:	
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GNV31BUSA/UPN-K1774DIV1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of) Group Art Unit: 1635
James M. Wilson et al)
)
Appln. No. 10/696,282) Examiner: Brian A. Whiteman
)
Filed: October 29, 2003)
)
For: ADENO-ASSOCIATED VIRUS)
SEROTYPE I NUCLEIC ACID)
SEQUENCES, VECTORS AND HOST)
CELLS CONTAINING SAME)
) April 27, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Applicant submits to the Examiner the attached Form PTO/SB/08B document listing and this paper pursuant to 37 CFR § 1.56 and § 1.97-1.98. Form PTO/SB/08B is attached and a copy of the document is enclosed herewith. This Information Disclosure Statement is submitted more than three months from the filing date of this application and before the receipt of a first Office Action on the merits. Therefore, no fee is believed due.

The Director is hereby authorized to charge any deficiency in any fees due with the filing of this paper or credit any overpayment in any fees to our Deposit Account Number 08-3040.

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The Examiner is respectfully requested to consider the enclosed document identified in this paper and in the attached Form PTO/SB/08B during the course of examination of this application.

Respectfully submitted,

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Attorneys for Applicant

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Substitute for form 1449/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	10/696,282
Sheet	1	of	1	Filing Date	October 29, 2003
				First Named Inventor	James M. Wilson
				Group Art Unit	1635
				Examiner Name	Brian A. Whiteman
				Attorney Docket Number	GNV31BUSA/ UPN-K1774DIV1

OTHER PRIOR ART-NONPATENT LITERATURE DOCUMENTS					
Examiner Initials*	Cite No. ¹	Include the name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item, (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), column/row number(s), publisher, city and/or country where published			T ²
	DDD	SURACE ET AL, Delivery of Adeno-Associated Virus Vectors to the Fetal Retina: Impact of Viral Capsid Proteins on Retinal Neuronal Progenitor Transduction, Journal of Virology, Vol. 77, No. 14, pp. 7957-7963, (July 2003)			

Examiner Signature		Date Considered	
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETE FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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